

REMARKS OF THE HONORABLE JOHN E. FOGARTY, M. C., SECOND DISTRICT,  
RHODE ISLAND AT THE ANNUAL MEETING OF RHODE ISLAND HEART ASSOCIATION  
ON JANUARY 30, 1961.

You do me great honor here this day, and I am indeed grateful  
to you all.

Recognition for one's efforts in behalf of the people is always  
sweet to a public servant, always welcome, and always hoped for--but  
recognition for one's labors from fellow fighters in the war against  
disease and from colleagues in the cause of health, constituents who  
sincerely and actively share my concern for the health of people  
everywhere--this is recognition indeed, and the sweetest of all.

Thank you.

As members of the Rhode Island Heart Association and its national  
body, the American Heart Association, you can take justifiable pride in  
your organization, its goals and its performance. It is one of the two  
major organizations in the United States devoted entirely to leadership  
in the fight against heart disease. The other is, of course, the  
U. S. Public Health Service's National Heart Institute.

It was just twelve years ago that the American Heart Association  
was reorganized from a professional society of cardiologists to a

broadly based voluntary agency - nationwide in scope, with active, working members from all walks of life. It drew support from all the people. It began a vigorous push in heart research, education, and community services. And it helped mobilize America's resources in a nationwide campaign against heart ailments.

Largely because of this effort and the tremendous popular interest it aroused, the Congress created - also twelve years ago - the National Heart Institute to conduct and support heart research and public health work.

Over the years, as Chairman of the House of Representatives committee in charge of appropriations for health, education, and welfare, I have watched, encouraged, and worked for the continued growth of these two splendid and complementary organizations. It has been a source of great pleasure to me to observe that this partnership of a voluntary group and the Federal Government has been followed in practice and spirit over the years.

On the part of the Heart Association, I know, the relationship has been one of cooperation in the finest and fullest sense. The same

is true of the National Heart Institute. The Public Health Service has always administered its total heart program as a national collaborative undertaking against heart disease.

The guiding policy of cooperation has found expression in many ways, both large and small. A few examples are worth mentioning:

The First National Conference on Cardiovascular Diseases, held in Washington, D. C., in 1950 was co-sponsored by the two organizations. The conference was a brilliant success, bringing together as it did 196 distinguished professional and lay leaders to determine what was known about heart disease and to help map a national program of attack. The resulting conference report remained a heart program "bible" for many years.

The Second World Congress of Cardiology held in Washington in 1954 was also a mutual enterprise involving the Heart Association and the Heart Institute as shoulder-to-shoulder partners. This meeting brought together in one forum the current cardiovascular knowledge of fifty nations. This Congress has been called "the finest ever held"

for moving ahead against cardiovascular disease through the interchange of information.

In 1958, at the request of Senator Lister Hill and myself, the two organizations presented a Report to the Nation on ten years of progress against cardiovascular disease. The speakers included the Nation's outstanding experts in this field - men who have shared allegiances both to the Heart Association and the Heart Institute. It was indeed a unique and historic event--and showed the dramatic progress that has been brought about by a truly united front against heart disease.

This spirit of cooperation, I am sure, will continue to grow in the future because the problem of heart disease still looms large.

In 1959, diseases of the cardiovascular system took the lives of 898,000 Americans, a number greater than the total population of our Nation's capital. Of these 898,000 deaths, 474,000 were caused by heart attacks and arteriosclerotic heart disease. Strokes and other blood vessel diseases of the brain represent 191,000 of that appalling total. Hypertension claimed 81,000 lives; rheumatic fever and rheumatic heart

disease took 18,000 lives.

Yes, the problem is great, but need not cause despair. Progress has been made. Battles and skirmishes against heart disease are being won every year.

Let us glance at a few of these victories and see some of the fruits of the cooperative efforts of the two organizations.

Advances in the treatment and management of coronary disease, for example, are now resulting in the restoration of many thousands of its victims to rewarding economic and social employment. Surgery has helped relieve some types of coronary and arteriosclerotic heart disease; clot-blocked arteries can be replaced, for instance. Drugs to strengthen the heart and to prevent further blood clotting are helping many thousands of patients.

High blood pressure is, as you well know, one of the major problems in the complex of diseases of the heart and blood vessels. Formerly, there was very little that could be done to help most victims of high blood pressure. Although there is as yet no specific prevention

or cure, progress in treatment has been considerable. Surgery, psychotherapy, and diets have been used with beneficial effects in certain patients.

But the most striking advances have been in drug therapy. Today, literally scores of drugs of varying types and potencies are available. While none is ideal, these drugs, singly or in combinations, can lessen the severity of hypertension in most patients and adequately control it in many.

Thus, these products of research are already reducing disability and lengthening life for hundreds of thousands of patients. This undoubtedly played a significant role in helping bring the national death rate from hypertension down by about 20 percent within the five year period from 1952 to 1957.

Many of the most brilliant achievements have been in heart surgery. The earliest heart operations were just coming into use a few years ago. But since then one heart defect after another has yielded to the surgeon's knife. Now babies born with malformations that would end their lives early

can be saved. Rheumatic and coronary heart disease can be ameliorated. Now, too, people suffering strokes can sometimes be saved by surgery -- and there is promise that preventive surgery can save some people from having a stroke.

At the same time that dramatic operations were being perfected researchers were uncovering ways of making heart surgery easier and safer. They were developing new anesthetics, methods of lowering body temperatures, new drugs for fatal and faulty heart rhythms, heart and lung machines, and new ways of diagnosing heart conditions needing operations.

With the aid of these invaluable advances, the heart can be opened, even brought to a temporary standstill, so that the surgeon can repair it under direct vision. Now, surgeons can correct or relieve almost all major types of heart defects, both congenital and acquired.

Tens of thousands of heart patients, once doomed to ~~invaluable~~ early death, are today leading useful and productive lives because of new surgical developments from heart research which the Heart Association and Heart Institute have jointly supported.

*Wm. Jones*

Let me stress again my conviction that we would not today witness such progress had it not been for this partnership and joint support.

The importance of strong voluntary effort against disease problems cannot, I believe, be overstated. It is, after all, the public health that is involved - and wide public understanding and participation is necessary. Progress against heart disease - as against so many of today's health problems - calls for the use of many resources and skills. As you know, they are by no means solely medical problems. They are, at one and the same time, occupational, social, welfare, economic, and educational problems. In the complex of services needed to meet these problems, voluntary action through unofficial agencies is of fundamental importance.

Such agencies bring a specific focus to bear on specific problems. They help all of us to spot and zero in on the target. They not only promote public understanding and concrete action; they pioneer new paths, experiment with new approaches. They complement and supplement, in vital ways, the work of official agencies of government.

In short, they are a rallying point, through which specific problems



affecting large numbers of people can be jointly discussed / mutually planned / and vigorously met.

No finer example of such a rallying point can be found than in the work of the Rhode Island Heart Association against heart disease. It has worked unceasingly for better patient care and increased and improved community services.

One example of this effort was the demonstration clinic at Our Lady of Fatima Hospital which illustrated the new developments which have been made in the rehabilitation of stroke patients. Establishment of clinics such as this one could provide an unequalled service to the community, and to the families affected, by helping the victims of the crippling disorder to lead productive and satisfying lives.

The steady decrease in the number of cases of rheumatic fever in Rhode Island is one of many testimonials to the outstanding job you and your tireless labors have accomplished.

*Dr Corrigan  
1546 690*

The first breakthrough came only a few years ago when methods to prevent first attacks of rheumatic fever, the leading cause of heart

disease among school age children and adolescents, were tested in Providence. When a "strep" epidemic threatened serious consequences-- a substantial increase in the number of children with rheumatic fever-- a U. S. Public Health Service group teamed with local agencies, and their vigorous and immediate action halted the spread of infection and ultimately resulted in a strong and still-developing program for preventing rheumatic fever.

The fight against this dread disabler, and sometimes killer, of children is not yet won, but neither are we slackening our efforts. I was pleased to see that Rhode Island was among the States which sent technicians to Atlanta, Georgia, to learn the fluorescent antibody techniques, a more rapid method for diagnosing streptococcal infections. (?)  
*Always remember, the fruits of research cannot save one life nor prevent one illness without dedicated community leaders pledged to carry out recommended procedures.*

You should be proud of the part you have played in the heart programs of Rhode Island, just as I am proud of my part in encouraging

Congress to supplement and aid your work and make many of the programs in the State possible.

In closing, let me say once again how grateful I am for the honor you have bestowed upon me. I am truly thankful that I have been able to participate in the magnificent struggle and progress that has been achieved so far.

I can't help but wish, however, that all who have dedicated their lives to the defeat of disease----researchers, technicians, administrators, physicians, homemakers, home nurses, and volunteers; in laboratories, in hospitals, in offices, and in the homes of the stricken--that all might be recognized, as I have been this night.

It is at times like this that I rededicate myself to our joint struggle--the fight against our common enemy, heart disease.